



# GREATER NAPLES FIRE RESCUE DISTRICT EMPLOYMENT APPLICATION

## FIREFIGHTER

DATE: \_\_\_\_\_ 20 \_\_\_\_

**YOU MUST FULLY COMPLETE THE APPLICATION.**

**INCOMPLETE APPLICATIONS WILL BE REJECTED. FILL IN ALL BLANKS.**

### PERSONAL

NAME (Last)	(First)	(Middle)	Area Code and Telephone	
MAILING ADDRESS		City, State, Zip Code		
EMAIL ADDRESS		DRIVERS LICENSE NO.	EXPIRATION DATE	STATE
ARE YOU AUTHORIZED TO WORK IN THE U.S.?	YES	NO	IF APPOINTED, HOW SOON CAN YOU BEGIN WORK?	

### MILITARY SERVICE RECORD

WERE YOU IN THE U.S. ARMED FORCES?	YES	NO	IF YES, WHAT BRANCH?		
DATES OF DUTY			RANK AT DISCHARGE		
From: (MM/DD/YY)		To: (MM/DD/YY)			
ARE YOU SEEKING VETERAN'S PREFERENCE? <i>IF YES, Supply supporting documentation from Veterans Affairs (a VP 1,2 or 3 form)</i>	YES	NO	ARE YOU IN THE NATIONAL GUARD OR RESERVES?	YES	NO
IF YES, LIST BRANCH AND SPECIAL TRAINING OR DUTIES:					

### EDUCATION

**Attach certificate of highest degree**

CIRCLE HIGHEST GRADE COMPLETED																							
GRADE SCHOOL	1	2	3	4	5	6	7	8	HIGH SCHOOL	1	2	3	4	COLLEGE	1	2	3	4	GRADUATE	1	2	3	4
HIGH SCHOOL	NAME		LOCATION																GRADUATED YES OR NO				
COLLEGE	NAME		LOCATION		MAJOR		MAJOR		YR. GRAD.														
GRADUATE SCHOOL	NAME		LOCATION		MAJOR		MAJOR		YR. GRAD.														
VOCATIONAL SCHOOL	NAME		LOCATION		MAJOR		MAJOR		YR. GRAD.														
OTHER TRAINING																							
DO YOU HAVE A G.E.D.?	YES	NO	WHERE OBTAINED?		DATE OBTAINED																		

**EQUAL OPPORTUNITY EMPLOYER**

**WE ARE AN E-VERIFY EMPLOYER**

## PERSONAL REFERENCES (3 REQUIRED) (Excluding Former Employer or Relatives)

Name and Occupation	Mailing address include City, State & Zip	Area Code and Telephone
1. _____	_____	
_____	_____	
2. _____	_____	
_____	_____	
3. _____	_____	
_____	_____	

## PRESENT AND PRIOR EMPLOYMENT

List below all present and past employment; beginning with your most recent employer and covering at minimum the last 10 years. Include summer and part-time jobs. If unemployed, or in school, include these dates. All time must be accounted for. Add extra pages if more space is needed.

**MUST HAVE COMPLETE ADDRESS – INCLUDING CITY, STATE, AND ZIP CODE**

1.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
2.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
3.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					

4.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
5.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					

May we contact your present employer? Yes \_\_\_ No \_\_\_

ATTACH CERTIFICATE(S) ( IF APPLICABLE)		
FLORIDA STATE CERTIFIED FIREFIGHTER	Certificate #:	
FLORIDA STATE CERTIFIED EMT	Certificate #:	
FLORIDA STATE CERTIFIED PARAMEDIC	Certificate #:	
FLORIDA STATE CERTIFIED INSPECTOR	Certificate #:	
LIST ANY OTHER SPECIAL QUALIFICATIONS:		
LIST ANY VOLUNTEER OR PAID FIREFIGHTER EXPERIENCE AND TRAINING:		

**The following is a list of requirements that must be met at various times during the hiring process. YOU MUST READ AND SIGN THIS.**

I. Rules of the Department of Insurance, Division of the State Fire Marshal, "Firefighter Standards and Training", Florida Statute 633.412 and The Greater Naples Fire District require the following:

1. You must be at least 18 years of age
2. You must have a high school diploma or equivalent.
3. You must pass a post offer drug screen and fit for duty certification.
4. You must pass a background and driving record check as required in FS 633.412(2)
5. Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by a sworn affidavit of the applicant.

**I certify that the information contained in this application and accompanying attachments is correct and I have not omitted any information. I understand that falsification or omission of information may result in disqualification from employment consideration or, if hired, may be grounds for termination from the District. I further understand that fulfillment of the above requirements does not guarantee employment.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# VETERANS' PREFERENCE

Applicants wishing to claim Veteran's Preference in employment must complete this form and submit as an attachment to your employment application, along with required documentation. Check the appropriate block if you are claiming veterans' preference.

I wish to claim Veteran's Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one)

- ☐ 1. A disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. Department of Defense.
- ☐ 2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- ☐ 3. A wartime veteran as defined in s. 1.01(14), who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.
- ☐ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
- ☐ 5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense.
- ☐ 6. A veteran as defined in s. 1.01(14), F.S. Active duty for training may not be allowed for eligibility under this paragraph.
- ☐ 7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

Have you claimed and been employed using veterans' preference since October 1, 1987? YES \_\_\_\_ NO \_\_\_\_

If "Yes"

\_\_\_\_\_  
Name of Employer

**NOTE:** Under Florida Law, preference in appointment shall be given to those persons who claim preference above. If an applicant claiming veterans' preference for a position believes they were not afforded employment, promotion or retention preference may file a complaint with the Florida Department of Veterans' Affairs Complaints via email at: [VeteransPreference@fdva.state.fl.us](mailto:VeteransPreference@fdva.state.fl.us) or mailed to: Attn: Veterans' Preference Coordinator 11351 Ulmerton Road, Suite 311 Largo, Florida 33778-1630. Complaints must be received within 60 days from the date a non-select notice was received.

# Greater Naples Fire Rescue District

## Tobacco Free Affidavit

I, \_\_\_\_\_, do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

( ) Personally Known

( ) Produced Identification

Type of Identification Produced: \_\_\_\_\_